

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

☒ SURFACE WATER ☐ GROUND WATER

NAME: **Sharon E. Rucker**
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 PHONE: 509-671-3498; 445-1670

Rejected 11-14-2012

☐ ASSIGNED (SEE BACK OF PAGE)

PEND ORIELLE COUNTY

WRIA

62

WRTS No. S3-30612

ID No. **4669678**

APPLICATION NO.: **S3-30612**

PRIORITY DATE: **February 16, 2010**

Date App rcvd: **2-16-2010**

Date fee rcvd: **2-16-2010**

Amount **\$50.00**

Check No.: **2322**

Returned for completion or correction: _____

Rcvd: _____

Statement of additional exam. fee: Rcvd: _____

Amount \$ _____

Check No.: _____

☒ Application mapped by: *A. Turnell*

date: *4/12/2010*

PUBLICATION:

Newspaper(s): **Newport Miner**

OK'd by: _____

Date Notice Sent _____

Date Affidavit rec'd: _____

Time expires: _____

Checked by: _____

Date: _____

☐ Protests: _____

☐ Fee rec'd: _____

☐ Field Packet sent: _____

by: _____

SEPA REQUIRED

☐ YES

☒ NO - EXEMPT

Checklist requested by: _____

date: _____

note: _____

Checklist fwd to SEPA project manager by: _____

date: _____

INTERESTED PARTIES:

☒ WDFW ☐ State DOH ☐ County DOH ☒ Tribe _____

☐ USBR _____

☐ Other _____

WDFW COMMENT:

☐ YES

☐ NO

Note: _____

FISH SCREEN: _____

☐ YES

☐ NO

LOW FLOW PROVISIO: _____

☐ YES

☐ NO

OTHER COMMENT(S): _____

FIELD EXAMINATION REQUIRED:

☐ YES

☐ NO

EXAMINATION DATE	ROE ISSUED	SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED
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☐ ROE map checked by: _____

date: _____

☐ Permit map checked by: _____

date: _____

DEVELOPMENT SCHEDULE:

BC due: _____

EXT to: _____

BC filed: _____

WELL LOG(S) RECEIVED: ☐ YES ☐ NO

Note: _____

CC due: _____

EXT to: _____

CC filed: _____

PA due: _____

EXT to: _____

PA filed: _____

METER INSTALLED: ☐ YES ☐ NO

Meter ID No.: _____

FISH SCREEN INSTALLED: ☐ YES ☐ NO

Note: _____

PA FIELD EXAMINATION REQUIRED:

☐ YES

☐ NO

Date examination made: _____

By: _____

REJECTED

11-14-2012

APPROVED FOR CERTIFICATE:

☐ YES

☐ NO

Cert. fee: \$ _____

Date letter sent: _____

Fee rec'd: _____

Check No.: _____

☐ Certificate map checked by: _____

date: _____

Date Certificate issued: _____

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Assignment received: _____

Assignment approved: _____

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